

Family Information Sheet

First, Middle Initial and Last Name _____ Gender _____

Date of Death _____ Social Security Number _____

Age _____ Date of Birth _____ Approximate weight _____

City and State of Birth _____ Ever in Military: Yes() No()

Occupation _____ Industry _____

Decedent's Address: Street and Number _____ City _____

County _____ State _____ Zip code _____ City Limits Yes () No()

Hispanic Origin No () Yes() Specify Race: _____

Years Education _____ Father's Name _____

Mother's Name (First) _____ (Last) **Maiden** _____

Place of Death: Residence() Hos. Inpatient() Hospice() Er/Outpatient() Other()

Facility Name _____ City _____

State _____ County _____ Zip code _____

Marital Status (Married) (Divorced) (Never married) (widowed) Spouse (maiden) _____

Informant's Name _____ Relationship _____

Address _____ City _____

State _____ Zip Code _____ Telephone # _____

Email _____ Alt/Email _____

Primary Doctor Name _____

Doctor Address and Telephone _____

Time of Death _____ ()AM () PM Was there an Autopsy_ ()Yes () NO

Did **Tobacco** Contribute to Death? Yes() No() ***IF FEMALE:***

Anything Else We Need To Know? _____

- () Not Pregnant within last year
- () Pregnant at time of death
- () Not Pregnant, But Pregnant within 42 Days of Death
- () Not Pregnant but was within 43 to 365 Days Prior
- () Unknown if Pregnant within Last Year

I Agree that the information above is accurate. I Assume all responsibilities and/or fees if changes are necessary.

Signature _____ Printed Name _____

AUTHORIZATION FOR CREMATION AND DISPOSITION

NOTICE: THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL.

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. _____ INITIALS

CREMATION WILL BE PERFORMED AT A THIRD PARTY LOCATION. I, THE UNDERSIGNED, HEREBY AUTHORIZE *Alternative Cremation* TO PROCEED AS FOLLOWS: CREMATE THE REMAINS OF: _____

I hereby certify that I am the nearest degree of relationship to the deceased and that I have the legal right or am charged to authorize this cremation, and the disposal of the remains.

I understand that due to the nature of the cremation process any valuable metal, including dental gold, will either be destroyed or not be recoverable. Any personal possessions accordingly have either been removed or may be destroyed. I further agree that I will indemnify and hold harmless the Crematory and Funeral Home, their officers and employees from any liability, damage and/or loss of property, costs, expenses or claims resulting from this authorization. _____ INITIALS

I request that following cremation, the funeral home make disposition of the cremated remains as follows: (Return to Family or Scatter)

I specifically agree that if the said cremated remains are left in the custody of ACS for over 90 days, ACS may make whatever disposition of the cremated remains it deems appropriate. _____ INITIALS

I further state that the deceased has/has not had a heart pacemaker implanted, radiation producing implant device or any other life sustaining device that could be explosive. If such a device exists, I have instructed the Funeral Home, or others responsible, of such a device and understand it will be removed prior to the cremation process. I will be liable for any damages to the crematorium or injury to crematorium personnel. DESCRIPTION OF IMPLANTED DEVICE: Pacemaker Yes / NO Other: _____

Further Instructions and/or Requests:

I have Initialed all 3 spaces above, I have answered Yes or No to having a Pacemaker as asked above and have Completed all questions below Truthfully and under Perjury of Law.

Responsible party PRINT _____ Relationship _____

Responsible party SIGNATURE: _____

Telephone No's: Home Work/Cell _____

Address City/State/Zip Code _____

Driver License Number State: _____ Number: _____

Services Selection Form

This form is a services selection form in which you are choosing which services you would like our Funeral Home to perform. By selecting these services you are agreeing that you will have a financial obligation of some amount based on the services selected. You may refer to our website for full descriptions and/or item numbers. www.crematecolorado.com

1. CREMATION (Proceed to question 2)
BURIAL (Sign and a funeral director will Assist You)
2. \$495 DIRECT CREMATION ONLY (8-25 Business days) \$250 Rush (4 Business Days)
 Package 2 Package 3 Package 4 Other Package _____
3. Urn: This is the container in which you would like your loved one in after the cremation is complete
\$0.00 Temporary Cardboard (Included) \$25 Transportation Urn (Basic Plastic Upgrade)
Other Specify Item _____
4. Viewing: This selection may come with some restrictions. Make your selection and your funeral director will assist you with your exact charges
\$175 ID Viewing without Autopsy \$275 ID Viewing with Autopsy
\$1100 Public Viewing with rental casket and embalming NONE
5. Witness Cremation: This is a service in which we can perform a witness to the cremation where you may watch the body of your loved one in a cremation container of your choice going into the cremation machine at the start of the process. This service is not for everyone and must be scheduled. Up to 10 family members may be present. You will be in a room separate from the body but be able to view this process through a window. Approx 20 min. of time. Fee for this service \$125
6. Mailing Services : Mailing through USPS signature receipt \$75 Local Pickup (Free)
7. Media: These are printed material items: Service Folders Bookmarks Prayer Cards Register Book
\$75 per 100 Quantity _____ \$35/45 Register Book Selection _____
8. Keepsakes: Necklace Item _____ Quantity _____ Cylinders Item _____ Quantity _____
 Keepsake Urns Item _____ Quantity _____ Fingerprints \$25
9. Death Certificates: State Charge of \$20 and \$13 per order Quantity Needed _____
10. Was the Coroner Involved? If Yes a \$75 fee will be added for Coroner Pouch Replacement
11. Obituary on our Web Site \$0.00 Death Notice in Gazette placed by us \$25 Other _____
12. Does this person have a PACEMAKER? \$100 fee is required to remove and discard of it

Agreement to services selected Please Print Your Name _____

Signature _____ Date _____

ACS will NOT fill 3rd party purchased keepsakes and jewelry due to so many problems from cheaply made products. This includes any and ALL products from Perfect Memorials

Alternative Cremation

2377 North Academy Blvd
Colorado Springs, CO 80909
719.633.9999 Fax - 719.623.0171

BODY RELEASE

Name of Deceased: _____

Location of Deceased: _____

I/We, _____, Legal Next of Kin to the above named deceased, do hereby release his/her body and personal effects to Alternative Cremation Funeral Home located at the above address.

Signed this ____ day of _____, 20____.

Signature & Telephone No.

Address City/State/Zip

Signature & Telephone No.

Address City/State/Zip